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CONFIRMATION NO. 5803

Bib Data Sheet

SERIAL NUMBER 09/940,722	FILING OR 371(c) DATE 08/27/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. PRES06-00217
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a CON of 09/061,168 04/16/1998 PAT 6,280,468  
 which is a CIP of 08/946,975 10/08/1997 PAT 6,007,578

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/17/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 13	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

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 Dallas, TX75380

## TITLE

SCLERAL PROSTHESIS FOR TREATMENT OF PRESBYOPIA AND OTHER EYE DISORDERS

FILING FEE RECEIVED 3618	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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